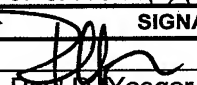


POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/525,292 Conf.# 6073</td> </tr> <tr> <td>Filing Date</td> <td>October 27, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Hans-Juergen Krause</td> </tr> <tr> <td>Title</td> <td>FORMULATION OF HUMAN ANTIBODIES FOR TREATING TNF-ALPHA ASSOCIATED DISORDERS</td> </tr> <tr> <td>Art Unit</td> <td>1647</td> </tr> <tr> <td>Examiner Name</td> <td>BUNNER, BRIDGET E</td> </tr> <tr> <td>Attorney Docket No.</td> <td>117813-16602</td> </tr> </table>	Application Number	10/525,292 Conf.# 6073	Filing Date	October 27, 2005	First Named Inventor	Hans-Juergen Krause	Title	FORMULATION OF HUMAN ANTIBODIES FOR TREATING TNF-ALPHA ASSOCIATED DISORDERS	Art Unit	1647	Examiner Name	BUNNER, BRIDGET E	Attorney Docket No.	117813-16602
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I hereby revoke all previous powers of attorney given in the above-identified application.															
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <div style="border: 1px solid black; width: 150px; height: 30px; margin-left: 400px; text-align: center; line-height: 30px;">87501</div>															
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:															
Name	Registration Number	Name	Registration Number												
Please recognize or change the correspondence address for the above-identified application to:															
<input type="checkbox"/> The address associated with the above-mentioned Customer Number: OR <input checked="" type="checkbox"/> The address associated with Customer Number: <div style="border: 1px solid black; width: 150px; height: 30px; margin-left: 400px; text-align: center; line-height: 30px;">87501</div>															
<input type="checkbox"/> Firm or Individual Name															
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Country	Telephone	Email													
I am the:															
<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on</i>															
SIGNATURE of Applicant or Assignee of Record															
Signature			Date												
Name	Paul D. Yasger		Telephone												
Title and Company	Abbott Biotechnology Ltd.														
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.															
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.															